

## Deanna Gibbs

Research Consultant,  
Royal London Hospital,  
Barts Health NHS Trust

On behalf of the Guideline  
Development Group,  
Royal College of  
Occupational Therapists

deanna.gibbs@bartshealth.  
nhs.uk

# New RCOT guideline highlights the potential contribution of occupational therapy to the neonatal multidisciplinary team

New guidance has been issued to neonatal units caring for premature and high-risk babies from the Royal College of Occupational Therapists (RCOT). The guidance is intended to ensure that these special babies have the building blocks in place to overcome the physical, mental and emotional challenges they often face. It also reinforces the importance of recognising and supporting the emotional needs of parents at what can be a gruelling time (FIGURE 1).

Following the establishment of the neonatal occupational therapy clinical forum (under the auspices of the RCOT Children, Young People and Families Specialist Section), it was quickly recognised that there was a need for the development of a UK-specific guideline for occupational therapy practice in this specialist area.

The proposal for the guideline development was adopted by RCOT in September 2015 and, after an extensive review of best practice and academic literature, RCOT launched the *Practice Guideline for Occupational Therapy in Neonatal Services and Early Intervention* in September 2017. The guideline was developed according to a National Institute for Health and Care Excellence (NICE) accredited process and has been endorsed by Bliss and the Royal College of Paediatrics and Child Health.

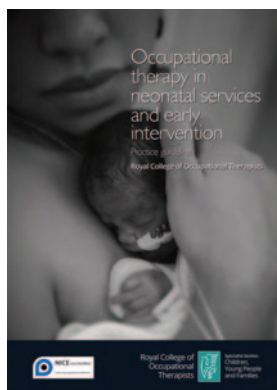
In producing the guideline, the RCOT Guideline Development Group wanted to provide evidence-based recommendations to inform occupational therapy in neonatal services and early intervention in the UK. Although guidelines relating to skills and competencies for occupational therapists working in neonatal care have been published by the American Association of Occupational Therapists since 1993, there are some key differences in the scope of occupational therapy practice between the US and the UK.

Despite neonatal occupational therapy being a specialised area of practice, occupational therapists with a background in paediatric occupational therapy can find themselves in a position of being asked to commence service delivery to neonatal services without specific previous experience. In order to work most effectively within neonatal services, practitioners must develop specific skills

and knowledge. The purpose of the review was the development of a clinical guideline to ensure that all therapists (experienced and otherwise) providing neonatal services are able to deliver services aligned with best practice. Summary information on the methods used for the guideline development is included in FIGURE 2.

Just as medical advancements in the delivery of neonatal care over the past two decades have resulted in increasing survival rates for fragile and high-risk babies, neonatal occupational therapy has commensurately evolved to provide sensitive, individualised and family-centred developmental interventions to support this increasingly complex clinical group. A key recommendation is that occupational therapists are employed within the neonatal multidisciplinary team to assess the neurobehavioural and neurodevelopmental status of each child to provide guidance and identify those who may need proactive developmental follow-up after they go home.

Occupational therapy services within neonatal settings are focused on supporting the development of the infant and their family. Occupational therapists work collaboratively with parents of babies to facilitate the infant's and parents' occupational roles, support the parent-infant relationship and ensure a successful transition from hospital to home and community. In addition, occupational therapists contribute to the provision and promotion of care to support development in high-risk babies. This approach serves to minimise the potential for harm of the neonatal unit environment on the infant's developing brain and support their growth and development in order to promote early engagement with their parents, including shared occupations such as nurturing touch and the introduction of feeding, bathing and handling. As the infant is discharged from the unit and grows older, ongoing intervention and/or guidance provide continued opportunities to support the development of occupations around self-care, learning and play. Through educating parents in strategies to support and engage their child with appropriate sensory and motor experiences, occupational therapists can provide building



**FIGURE 1** New guidance aims to build awareness and support initiatives for occupational therapy services for high-risk babies.

blocks for developmental progression and parent-infant interaction.<sup>1</sup>

This guideline focuses on evidence to inform occupational therapy in neonatal services and early intervention in the UK. The practice guideline includes 31 evidence-based recommendations across 10 key areas, which cover an infant's and their family's journey through the neonatal unit and beyond. Recommendations are included that are specific to:

1. occupation-based assessment
2. developmentally supportive care
3. pain management
4. skin-to-skin care
5. positioning
6. infant feeding
7. parent engagement
8. parent support
9. identifying developmental concerns
10. early intervention.

A range of implementation resources have also been developed to support implementation of the guideline. These consist of a quick reference guide, an audit form and a continuing professional development session to help put the recommendations into practice. They are available to download alongside the full guideline at [www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services](http://www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services).

The guideline recognises that all neonatal healthcare professionals have a range of common core skills and that there will be considerable professional overlap between occupational therapy and other practitioners within a neonatal team.<sup>2</sup> This is advantageous in the delivery of neonatal care as a trans-disciplinary model of teamwork is proven to be particularly effective when working with babies.

The recommendations stated within this guideline document are intended to support all occupational therapists working in the neonatal setting, and more generally with babies and young children. As a primary resource for occupational therapists practising in this area, the guideline can assist decision-making about areas for assessment and intervention, in addition to describing the profession's contribution to the neonatal care pathway. It is recognised, however, that the availability of occupational therapy services in neonatal units across the UK is inconsistent. RCOT anticipates that this guideline will help build awareness of the potential contribution of occupational therapy to the neonatal multidisciplinary team, and support initiatives that aim to establish new or enhance existing funding for occupational therapy services for high-risk babies and their families in the neonatal unit and follow-up services.

## References

1. **Royal College of Occupational Therapists.** *Occupational Therapy in Neonatal Services and Early Intervention: Practice Guideline*. 2017. London: RCOT. Online at: [www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services](http://www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services).
2. **Barbosa V.M.** Teamwork in the neonatal intensive care unit. *Phys Occup Ther Pediatr* 2013;33:5-26.

The membership of the core guideline development group comprised:

- 11 occupational therapists with expertise in the neonatal field
- a representative from Bliss
- a representative from the Royal College of Paediatrics and Child Health.

A PICO-framework (population, intervention, comparison, outcome) question was formulated to guide the development of the search strategy. The literature search was carried out by the RCOT's librarians. The search was conducted across the following databases: CINAHL, Medline, AMED, HMIC, PsycINFO and the Cochrane Library. Evidence search limits were set from 2000-2016.

The search identified a total of 590 results related to occupational therapy, and 904 results based on intervention-specific search terms. These search findings were independently screened by two different members of the guideline development group against an inclusion checklist. Ultimately 181 papers were identified and subjected to critical appraisal.

Each paper was critically appraised by two independent reviewers. Any discrepancy in grading was discussed and the final grading agreed and confirmed via group consensus. The quality of the evidence was initially assessed and recorded using forms based on the CASP (critical appraisal skills programme) checklists.<sup>3</sup> A 'quality of evidence grade' was then assigned to each individual article using GRADE (Grading of Recommendations Assessment, Development and approach, Evaluation)<sup>4</sup> as defined within the *Practice Guideline Development Manual* (third edition).<sup>5</sup>

Evidence tables were developed to synthesise the evidence available, and formed the basis by which to evaluate and judge the potential contribution of each item of evidence to the development of the guideline recommendations. Once a recommendation had been developed, an overall quality of evidence rating was determined.

Service users (parents of high-risk infants) provided input into the development of the draft recommendations. On completion, the guideline document was peer-reviewed by two independent external reviewers followed by a public consultation period before being accepted for publication.

**FIGURE 2** Method of guideline development.

3. **Critical Appraisal Skills Programme.** *CASP Checklists*. 2013. Oxford: CASP. Online at: [www.casp-uk.net/casp-tools-checklists](http://www.casp-uk.net/casp-tools-checklists).
4. **GRADE Working Group.** Grading quality of evidence and strength of recommendations. *BMJ* 2004;328:1490-94.
5. **Royal College of Occupational Therapists.** *Practice Guideline Development Manual*. 3rd ed 2017. London: RCOT. Online at: [www.rcot.co.uk/practice-resources/rcot-publications/downloads/practice-guideline-development-manual](http://www.rcot.co.uk/practice-resources/rcot-publications/downloads/practice-guideline-development-manual).

Electronic copies of the *Practice Guideline for Occupational Therapy in Neonatal Services and Early Intervention* and a range of implementation resources are available from RCOT at: [www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services](http://www.rcot.co.uk/practice-resources/rcot-publications/downloads/neonatal-services)

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